

# Training Raise Form

**To be filled out by employee's supervisor. All fields must be completed for Professional Development to process this form. It is strongly encouraged that employees meet with Professional Development prior to completing this form.**

Date: \_\_\_\_\_

Employee Name (Please Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Department Name: \_\_\_\_\_

Points Completed (Circle One):    20 Points      40 Points      60 Points      80 Points

Current Wage: \_\_\_\_\_      New Wage: \_\_\_\_\_

Supervisor Name (Please Print): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Comments:

## For Training Use Only

Date Received:

Date Verified:

Training Supervisor:

Training Supervisor Signature:

Date Given To Human Resources:

Date Entered in Database: